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031204

17175 U.S. PTO

## UTILITY

PATENT APPLICATION  
TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

END -5284

First Inventor: Trevor Speeg et al.

Title: MEDICAL APPARATUS AND METHOD USEFUL FOR POSITIONING  
ENERGY DELIVERY DEVICE

I hereby certify that this correspondence is being deposited today with the United States Postal Service as Express Mail - Post Office to Addressee in an envelope addressed to: Commissioner for Patents, MS-Patent Application, PO Box 1450, Alexandria, VA 22313.

Name:

Linda F. Hansen

Date:

March 12, 2004

Linda F. Hansen

Express Mail Label No.

ER 593 022 883 US

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

## ADDRESSED TO:

Commissioner for Patents  
MS Patent Application  
PO Box 1450  
Alexandria, VA 22313-14501. ☒ Fee Transmittal Form (e.g., PTO/SB/17)

(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.3. ☒ Specification Total Pages: 33

(Preferred arrangement set forth below)

☒ Descriptive Title of the Invention☒ Cross Reference to Related Applications

- Statement Regarding Fed sponsored R&amp;D

- Reference to sequence listing, a table, or a computer program listing appendix

☒ Background of the Invention☒ Brief Summary of the Invention☒ Brief Description of the Drawings (if filed)☒ Detailed Description☒ Claim(s)☒ Abstract of the Disclosure4. ☒ Drawing(s) (35 USC 113) 10 Total Sheets

5. Oath or Declaration [4 Total Pages]

a. ☒ EXECUTEDb. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:i. ☐ CD-ROM or CD-R (2 copies); orii. ☐ paperc. ☐ Statement verifying identity of above copies  
ACCOMPANYING APPLICATION PARTS9. ☒ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☒ Information Disclosure Statement  
(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.17. ☒ Other: Application Cover Sheet  
w/Express Mail Certification18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No

Prior application information: Examiner: Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Gerry S. Gressel

Reg. No. 34,342

SIGNATURE


Gerry S. Gressel

DATE

March 12, 2004

22387 U.S. PTO  
10/799130

031204

 031204 17175 U.S. PTO	<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
		Application Number	
		Filing Date	March 12, 2004
		First Named Inventor	Trevor Speeg et al.
		Group Art Unit	
		Examiner Name	
		Attorney Docket Number	END-5284

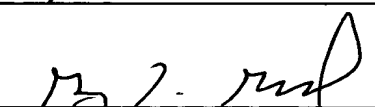
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	- 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	- 3 =	0	x 86.00	\$ 0/00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$770.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-5284/GSG in the amount of \$770.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-5284/GSG. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>			<i>Complete (if applicable)</i>
Typed or Printed Name	Gerry S. Gressel		Reg. No. 34,342
Signature		Date: March 12 2004	<b>Deposit Account No. 10-0750</b>